									Application or Docket Number				
	PAT	ENT.	APPLICATION Effect		10/160443								
*CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL!	ENTITY	Οĥ		THAN ENTITY
TOTAL CLAIMS				186		·			RATE	FEE]	RATE	FEE
FOR				NUMBER FILED		MUMBER EXTRA			BASIC FE	E 385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS				/8 Ominus 20=		. 166			XS 9=			X\$18=	2988
INDEPENDENT CLAIMS				9 minus 3 =		6			X43•	1	OR	X86=	5 %
M	JLTIPLE	DEPEN	NDENT CLAIM P	RESENT					v 145e	1.	OR	+290=	-
" If the difference in column 1 is less than zero, enter "0" in column 2									TOTAL	+	OR	TOTAL	4274
	الدا	nl pc	:LAIMS AS A	MENDE		, 0 1 1 2	<u> </u>	10	OTHER				
O	القال	/Ψ	(Column 1)			SMALL	ENTITY	OR	SMALL				
AMENDMENT A			CLAIMS REMAINING AFTER		HIGH NUME PREVIO	BER NUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	•	RATE	ADDI- TIONAL FEE
	Total		- 34	Minus	- 18	0	.00		XS 9=		ОЯ	XS18=	
	Indepe	ndent	. 1	Minus	٠ ح	7	0	lt	X43=	1	OA	X86=	
_			NTATION OF MI							 	G		
417, 35,55, 77,18,133,158,172,									+145=		OR	+290=	4
•									TOTAL DOIT, FEE		OR	ADDIT. FEE	
_	_	-	(Cotumn 1)	,	(Colum		(Column 3)	٠.			٠,		
AMENDMENT B	1/2	10	REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	IER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		PATE	ADDI TIONAL FEE
	Total	(. 34	Minus	- /8	4	.0	1	X\$ 9=		OR	X\$18	
	Incepe		• '/	Minus	(2_	a		X43=		OR	X85-	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLA					CLAIM	L	!	+145=		OR	/290=	7
	•							L	TOTAL			TOTAL	
1	-30	-07	(Caluma 4)		€ ab .—	- M	(Caluma 0)	A	DOTT. PEE		,0.,	ADOIT. FEEL	
	\ <u>\</u>		CLAIMS	1	(Colum	31	(Column 3)	ı		ADDI-	•		ADDI-
AMENDMENT C		`	REMAINING AFTER AMENDMENT		PREVIOUS PAID F	USLY	PRESENT EXTRA		RATE	TIONAL		RATĘ	TIONAL
	Total		. 33	Minus	••		•	[X\$ 9=		OR	X\$18=	
	Indeper	edent	· 2	Minus	··· .				X43=			X88=	
5	FIRST	PRESE	NTATION OF MU	LTIPLE DEP	ENDENT	CLAIM		H			OR	-	
* If the entry in column 1 is less than the entry in column 2, write 10 in column 3.													
- 1	the High	hest Nur	nder Previously Pai	id For IN THUS	SPACE 6	less then	20, enter "20."	A	TOTAL DIT. FEE		OR ,	TOTAL LODIT. FEE	
			nbor Previously Paid ber Previously Paid					toun	d in the ap	propriete box	in cob	1.	

FORM PTO-875 (Rev 1903) -